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ABSTRACT

Nursing curricula have been revised numerous times over the years in response to changes in the health care arena, as well as societal demands and political and economic forces. One of the most dynamic shifts in nursing education in the last 25 years is the shift in focus from the medical model to an integrated approach. Faculty in university nursing programs found that the integrated model enhanced continuity and sequence, as well as promoting synthesis in learning. But the change to the integrated program was not made without considerable turmoil and occasional resistance on the part of the faculty. The progress of one baccalaureate program (at the Intercollegiate Center for Nursing Education in Spokane, Washington) toward this integration is described. The identified change approaches are summarized and evaluated according to some of the educational theory on change in curriculum. Five conclusions that can ease future curriculum transitions in university programs deal with the following factors: (1) input from individuals outside the organization is often necessary to stimulate the move; (2) perseverance by the coordinator and program director are needed to continue the work; (3) faculty resistance to curriculum change must be overcome; (4) inservice programs can help to expand knowledge of curriculum change needs; and (5) timetables can keep the organization moving. The paper contains 16 references. (KM)

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Curriculum Change in a Baccalaureate Nursing Program: From the Medical Model to the Integrated Approach

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Introduction

The designing, planning and implementing of the curriculum change process is an important area of concern in nursing educational programs. Nursing curricula have been revised numerous times over the years in response to changes in the health care arena, as well as to societal demands, political and economical forces. The changing professional role of nurses in the world today has also stimulated curriculum changes.

One of the most dynamic shifts in nursing education in the last 25 years is the shift in focus from the medical model to an integrated approach. Courses such as medical/surgical nursing, maternal/child nursing and psychiatric nursing have been blended in such a way that the various specialties are no longer clearly distinguishable. As nursing has begun to recognize itself as an independent discipline, it has sought to rid itself of dependence on medical science. The development of the integrated approach helped set nursing apart from medicine.

As nursing faculties studied educational theory, they became acquainted with the three classic principles of a well-organized curriculum developed by Tyler (1949): continuity, sequence and integration. Much debate occurred in the 1960's about whether integration could be achieved in a program or whether it merely reflected cognitive processes occurring during the learning process (Quiring & Grady, 1982).

However, integration soon became a key word in program organization.

Nursing educators also found that the integrated model enhanced continuity and sequence. Compartmentalized learning, that made few relationships between the specialities, was eliminated. Using the health-illness continuum promoted synthesis in learning and sequential development of content. It was hoped that a more process-oriented curriculum would enhance critical thinking abilities among students.

Today, in 1987, it is noted that the integrated curriculum has been in existence for almost twenty years. Most baccalaureate schools have made the adjustment from a medical model to the integrated approach. This change was not made without considerable turmoil and occasional resistance on the part of nursing faculty.

The following paragraphs will explore the progress of one baccalaureate program toward this integration, summarize the identified change approaches and evaluate these approaches according to some of the educational theory on change in curriculum.

Curriculum Revision at ICNE

The Intercollegiate Center for Nursing Education (ICNE) in Spokane, Washington is a consortium school presently composed

of Eastern Washington University, Washington State University, and Whitworth College. The first students were admitted in summer, 1969 to a program with a medical model curriculum. Since that time, numerous revisions in curriculum have taken place to meet the needs of the changing health care arena.

In the fall of 1974, the National League for Nursing (NLN) visited ICNE for accreditation purposes. As the major accrediting body for nursing programs, the NLN has responsibilities for establishing the criteria, principles, policies and procedures for accreditation (NLN, 1977). Some of the comments and recommendations to the ICNE in 1974 were directed to the curriculum, recommending that the faculty continue their efforts to develop an integrated curriculum (NLN, Comments and Recommendations to ICNE, 1974).

Faculty at ICNE had already observed the need for this change prior to the NLN visit, and had begun preparatory discussions. Prior to 1975, one faculty member who had previous experience with the NLN was hired to assist with curriculum revision. In 1975, another faculty member, who spoke out early in favor of the integrated approach, was hired, and also in 1975, a new dean joined ICNE. These individuals, along with others already employed at ICNE and committed to the integrated model, were the change agents in curriculum revision.

An integrated curriculum could not be immediately implemented without the appropriate steps of revision of the philosophy of the program, the graduate characteristics, the conceptual framework, the horizontal and vertical threads and strands, and the objectives. This was the curriculum process development model recommended by the NLN (NLN, 1975) (See the Table below). A revised philosophy was developed and accepted for the new curriculum in October, 1975.

The Curriculum Process and the Integrated Curriculum

Components of a Philosophy

Characteristics of Graduates

Conceptual Framework

Horizontal and Vertical Strands

Behavioral Level Objectives

Course Description and Objectives

Learning Experience-Settings

Adapted from NLN Part IV, 1974, p. 28-29

More work was done on the curriculum during the summer of 1975 and during five scheduled Curriculum Days in fall, 1975. During the summer 1975, four faculty drafted a conceptual

framework and a curricular design utilizing the philosophy as a base. The materials developed were sent to an NLN consultant for review, and based on the consultant's critique, recommendations were made to use an integrated approach to the curriculum with teams of faculty representing major clinical areas. A timetable for further curriculum development for 1975-1980 was developed. The first curriculum days in fall, 1975 acquainted former and new faculty with the summer work already completed. Identification of characteristics of the graduate and lower division requirements were discussed at these times as the focus of the coming curriculum meetings.

Four curriculum committee meetings were held in spring, 1976. In January and February, work on a conceptual framework was begun. Design proposals, the calendar, a wellness-illness framework, and development of concepts (threads and strands) were discussed in April and May. Teams of mixed specialty faculty were again proposed as the delivery model. Students would be rotated within various courses to allow them to obtain the specific needed experiences. These clinical experiences would not need to be the same for each student, but would be developed and monitored by faculty and would conform to standardized objectives. Behavioral checklists would be used to evaluate the student experiences. Faculty would act primarily as resource personnel to students and other faculty, with any

individual student having more than one teacher. Team teaching would be a primary teaching strategy for theory presentations.

Three Faculty Development Days were presented in April, 1976. A workshop on autotutorial instruction in curriculum implementation and a conference on utilization of computer printouts for decision-making were presented by outside experts. A last faculty development day reviewed the pros and cons of various grading systems, with resource people from the education departments of the consortium schools leading discussions.

Early in the fall of 1976, the status of the new curriculum was reviewed, tasks to be accomplished and a time frame for doing these tasks were developed. All faculty were encouraged to participate in the curricular discussions so that the final product would be reflective of faculty beliefs and ideas, as well as being a document that could be implemented. Later in the fall, curriculum days focused on the concepts in the new curriculum, the threads and strands, and the sequencing of these.

Three curriculum days in spring, 1977 addressed specific objectives, content and learning experiences for the four proposed terms. Further revisions and recommendations on the conceptual framework were addressed prior to bringing this material to a faculty vote during February. In the summer of

1977, eight faculty members worked to identify level and course objectives. Then in the fall of 1977, the total proposed curriculum was approved by the faculty. A systematic outline was proposed for the next steps in the process: (1) approval by the Council of Vice Presidents, (2) approval by the consortium school curriculum bodies and, (3) more detailed work on the specific courses. It was proposed to admit the first junior class to the new curriculum in spring, 1979.

It was also during this time period that discussion ensued about potential calendar options. At this time, ICNE was on a quarter system. It was felt that a move to a semester system would be more advantageous to the integrated curriculum.

There were fewer curriculum days in the 1977-78 school year. Most of the groundwork for the new curriculum had been laid. There were now concerns about the process of an "orderly, peaceful transition period." Faculty were polled in fall, 1977 about where they saw themselves fitting into the new curriculum; whether they saw themselves in a leadership role in the new curriculum, and/or what concerns they had about the transition and implementation to the new curriculum. Responses to this questionnaire assisted the ICNE administration to identify faculty teaching assignments and group leaders for various courses. From these assignments, new working groups were

identified. These groups could now begin meetings on proposed content decisions.

Curriculum days with specific topics and guest speakers were characteristic of the 1978-79 school year. In October, 1978, a speaker presented a lecture on territoriality and the application of such concepts to ICNE. In November, the selected topic was "mastery" and how it relates to the evaluation process. Also in November, a faculty development day featured a speaker on using research findings to improve nursing practice.

In 1975-76, the philosophy, conceptual framework, definitions of terms and characteristics of the graduate were developed and approved. Course objectives were formulated in 1976-77, and the total package, which included large credit blocks and a semester system, was approved with course group content being developed in 1977-78. The first group of students were admitted to the integrated curriculum in spring, 1979. In summary, it can be seen that the development of the integrated curriculum proceeded much as planned according to the timetables of the beginning years.

It was hoped that the new curriculum would offer many advantages to the students enrolled at ICNE. The conceptual framework would decrease content repetition and increase consistency between courses. The new curriculum would allow improved utilization of clinical facilities due to multiple student

entry points. There would be greater flexibility in program progression, emphasis on wellness and illness as important components of health, increased emphasis on development of assessment skills, and allowance for students to gain knowledge and experience in specific areas of interest.

Identified Change Approaches and Related Research

The implementation of this curricular change was a radical alteration in the organizational approach to teaching nursing at ICNE. In reviewing the events that proceeded the change, various characteristics can be identified. Some of these characteristics follow.

Three faculty who remained through the completion of the change could be identified as contributing heavily to the curricular changes, as stated previously. All of these people joined ICNE prior to the onset of indepth discussions of the change or within a year after. These individuals could be seen as linking agents (Lieberman, 1982). As central agents in the change, they sought to match the needs of the system with the available resources and were committed to the process of curricular change as active participants. Administrators at ICNE promoted the curriculum revision by these faculty members and encouraged involvement by all faculty in the process. King (1986) has referred to administrative support in time and

material resources as essential to the achievement of goals. Arriving at a common goal of quality nursing education implies coordination of efforts of all faculty (King, 1986).

Resistance to the curriculum change at ICNE was not clearly identified in the Curriculum Committee notes. However, in fall of 1976, there were discussions about "perceived blocking" of faculty over the work to be done. Some faculty were identified as being hesitant to commit themselves to integration. Others were concerned about being forced into "buying into" something that was unknown. These concerns prompted allotment of time at curriculum day meetings, as well as at least one Faculty Development Day called by the Dean on a Saturday, to share ideas and feelings regarding integration. To understand this resistance, one can look at the fact that faculty in nursing are often new to institutions of higher education, and are specialists in their clinical field. They are often too busy adapting to the institution to think about curriculum change, and are unable to identify any benefits from such. Prior to 1980, an M.A. in nursing was considered the terminal degree for nurses in education. This degree involved very little curriculum expertise. Also, nursing faculty tend to support the status quo in their field of nursing practice (NLN, 1974). Although some faculty view change as a challenging experience, others see it as time-consuming, with little improvement potential. According to

Orlosky and Smith, educational changes are resisted if they require resignation of any power by personnel involved (1972). Some ICNE faculty may have been threatened with loss of power if the proposed changes were enacted. Changes in attitudes are necessary to bring about changes in the curriculum: the amount of involvement in the change process determines how much attitudes change (King, 1986).

Inservice programs for ICNE were widely varied over the years of preparation. Both curriculum days and faculty development days provided opportunities to discuss the needed changes, be exposed to new approaches to teaching, and have the opportunity to talk with outside consultants. The choice of content for training workshops is more important to acceptance of a change than any particular training activities, according to Broyles and Tillman (1985). The topics chosen for ICNE inservice were accepted as appropriate by faculty.

The change to an integrated curriculum took many years after the initial discussions and probes that occurred in the early 1970's. Lieberman has said that activities and meetings should evolve first, and that goals and objectives would develop readily from here (1974). According to Kemp (1971), educational programs should be based on broadly stated goals that involve philosophical and ethical considerations. Forecasted dates for completion of the steps in the process of the curriculum

development, with goals, objectives and rationale as essential components kept ICNE curriculum development on course.

As the integrated curriculum evolved, it became obvious that a change in some teaching methods would be needed. Faculty at ICNE had utilized team teaching in prior years within specialty areas. However, the integrated curriculum would involve teams made up of mixed speciality areas. This meant that faculty specialists would be teaching generalized concepts rather than their specialty (NLN, 1974). Although faculty can learn from one another and support one another in team teaching situations, much independence is lost. Problems often develop in ability to communicate, compromise and share leadership responsibilities. Team teaching is not one of the educational reforms that persisted in the schools according to a review by Kirst and Meister (1985).

One can observe that the curriculum change at ICNE took approximately five years to unfold, but it proceeded in a rather orderly fashion. Proposed outlines for completion of specific tasks provided goals. The Administration encouraged faculty to stay motivated to complete the process prior to the next NLN accreditation visit. Curriculum days were scheduled into the school year and money was allocated for curriculum workshop speakers. Curriculum committee chairpersons had routine

contact with administration on the progress of the issues and work being completed.

Since the implementation of the integrated curriculum in 1979, it has been modified to meet the changing needs of faculty and students. The integrated curriculum as developed, was in place through spring 1985. In fall of 1985, a modification in the integrated curriculum was made. This modification divided the four major courses of the curriculum, each worth ten to twelve semester hours, into smaller, more manageable units of from three to six semester hours. This provided faculty with more autonomy in teaching their own courses, and provided students with more flexibility in developing their schedules to be full or part-time. Faculty have expressed satisfaction with this change in the integrated approach and have made only minor adjustments to date.

The integrated curriculum was hypothesized to improve critical thinking and faculty satisfaction. However, studies have found that there is no difference in problem-solving abilities and no difference in faculty satisfaction in comparisons of integrated versus blocked curricula (Stember, 1984). It is obvious that the integrated curriculum is not the final answer to curriculum change in nursing. A larger research base on curriculum in nursing needs to be developed to guide nursing education into the twenty-first century.

Conclusions

Five conclusions can be drawn from this case study of curriculum change in a university nursing program:

1. Input from individuals outside the organization is often necessary to stimulate the move toward a desired goal. New faculty members and a new administrator can be pivotal in getting the curriculum change going.
2. Perseverance on the part of the coordinator and the director of the program are key features in the continuation of the work towards the needed change. Highly motivated curriculum coordinators and a supportive, encouraging Dean can help keep a program moving.
3. Faculty resistance to change in a curriculum is a problem to resolve. There may be active resistance to the time consuming task of curriculum revision that must be altered to achieve a positive outcome.
4. Inservice programs can be beneficial in the promotion of expanding knowledge related to curriculum change needs. A university nursing program can benefit from central-oriented workshops presented by outside consultants.
5. Timetables which specify approximate dates for accomplishment of tasks can keep an organization moving. Accomplishment of goals can generate feelings of satisfaction and keep levels of motivation high.

Summary

The change from the medical model to the integrated curriculum has been a positive one for ICNE and other university nursing programs. The process of the change can be demanding at times, but can provide opportunities for growth and adaptation of the curriculum to current events in the health care arena. Future curriculum transitions can be eased by heeding the observations and conclusions of the prior changes (modifications) offered above.

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